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ABSTRACT

This report describes a continuing education program designed for trainers and supervisors working in community mental health centers, and is based on principles of community participation: grassroots planning, peer education, and accountability. Self-designed training, as a model of program development, has been successful in terms of its acceptance, its ability to increase knowledge, and its relevance to a variety of settings. This model of training can also have impact on job and agency functioning. (Author/JLL)

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SELF-DESIGNED CONTINUING EDUCATION IN COMMUNITY MENTAL HEALTH FOR TRAINERS AND SUPERVISORS

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Self-Designed Continuing Education

in Community Mental Health

for Trainers and Supervisors

The development of community mental health as both a movement and a set of intervention strategies requires the commitment of professionals and laypersons to the establishment of new patterns of service delivery and the acquisition of new skills. Essential to the accomplishment of these challenges is the provision of training experiences, especially those targeted for individuals currently engaged in the field. Most training efforts in community mental health are directed to students in degree programs. There is a great need for the development of inservice and continuing education programs.

This report will describe a continuing education program designed for trainers and supervisors working in community mental health centers. This program is part of the training mandate of the Continuing Education Program in Mental Health (CEP) sponsored by the School of Public Health at the University of Illinois and funded by the National Institute of Mental Health. The purpose of the CEP is to provide training to professionals and laypersons to improve the quality of mental health services in a large urban area. The trainers and supervisors program has been planned and executed according to the principle of community participation. This has entailed three basic characteristics: grassroots planning, peer education, and accountability. An initial group of trainers, supervisors, and supervisees

were recruited to select the content, format, and intensity of a training curriculum relevant to their own work experiences and to others sharing their professional roles.

The initial group was selected to represent a broad array of ethnic backgrounds and city, state and federally-sponsored mental health programs. Needs for interagency collaboration in formulating training objectives and to exchange knowledge of service activities and training resources was expressed. Emphasis upon a peer education format was chosen as a model to fulfill these needs and to encourage development of communication networks when the training experience was completed.

The major aspects of the program's accountability system have been 1) a set of objective measures designed to assess trainee needs and interests, and the program's effectiveness in meeting those objectives, and 2) an advisory board representative of present and potential trainees and consultants.

Trainees and Curriculum Development

Since the inception of training in February, 1975, four groups of trainers and supervisors totalling forty-two trainees have participated in the Trainers and Supervisors Program. They have represented twenty-eight agencies and have included center directors, training coordinators, supervisory staff, and para-professionals.

The approach to curriculum development was to include the initial group of trainees as consultants to design all aspects of their educational experience. This proceeded in three stages. In the

first stage all participants attended a topic format development session. Delegates from the session were selected to participate in stage two planning. This entailed a refinement of stage one work by the delegates. It also included establishment of a faculty advisory committee composed of mental health professionals. The professionals were chosen by the director of the CEP for their expertise in a variety of community mental health activities and for their skills as educators. Stage three planning consisted of obtaining feedback from the initial group of trainees for alteration and/or approval. As a result of feedback provided by each succeeding training group, the curriculum has been modified. However, it should be noted that there have not been any major changes. This is indicative of the validity of the planning of the initial group. The present curriculum is detailed in Table I.

Evaluation Procedures and Results

Several methods have been employed to assess the effectiveness of the training. They include 1) trainee satisfaction measures, 2) content retention measures, and 3) interviews to assess program impact upon job and agency functioning.

After each training session, all participants were asked to complete a session evaluation questionnaire rating on a six point graphic scale thirteen items pertaining to aspects of the session and the discussion leader. Data were obtained for the second and third

training groups. Ratings for the items are shown in Table 2. T-tests indicated that all of the items were significantly different than the scale mean of 3.5 at or beyond the .01 level.

A principal components analysis was performed on the thirteen items. Two factors were extracted, the first of which accounted for 72% of the variance. This factor was interpreted as a value of the specific session factor. The second factor only accounted for 6% of the variance and was not interpreted. As can be seen in Table 3, seven items had factor loadings equal to or greater than .85. The seven items, overall evaluation, organization, content, value, recommendation enjoyableness, and consultant stimulating referred to aspects of the session per se. The factor loadings were not as high on items pertaining to applicability, relevancy or intrinsic qualities of the consultant.

In order to evaluate the effectiveness of the training program in communicating knowledge, each of the consultants was asked to contribute to the construction of a test. Its purpose was to assess content retention of facts, concepts and ideas stressed as the major points in the consultant's presentation. Each trainee was administered the test at the inception and termination of training. Pre and post data were obtained for trainers and supervisors groups three and four. Only those trainees who attended to certification, 80%, of the sessions were tested. Fifteen of eighteen trainees initially registered fulfilled the attendance requirement. Trainees significantly increased their knowledge level ($T=3.36$, $df=14$, $p > .001$). Mean percent correct pre-test was 48%, while mean percent correct post-test was 60%.

Evaluation of the impact of training efforts is a complicated problem. Many factors external to the training intervention may be intimately tied to change efforts. Two examples are the openness of the trainee and his/her agency to change and adequate time to induce change. Interviews were attempted with all trainees in three different training groups attending at least half of the training sessions. The first training group was omitted from the study since it designed the curriculum. Of the 28 trainees who attended half of the sessions, 24 were interviewed. There was a six month separation between the last session of the last training group and the initiation of interviews. Almost one year separated the end of group III and group II; and six months separated the ending of group I and group II.

The trainees who were interviewed consisted mainly of social workers and counselors, 79%, whose median years of experience was 6.50. Median years with agency was 4.50. Approximately 40% of the interviewees were program directors or full time clinical supervisors. Type of agencies represented were equally divided among hospitals, mental health centers, universities, and social service centers. Agency affiliations were also equally divided among public agencies supported by the state, public agencies supported by local government, and private agencies.

Each interview assessing impact consisted of eight questions and was no more than one-half hour in length. For questions 1, 2, and 3, interviewees were asked to rate their answers on a scale from one to six with one being "not at all" and six being "very much so."

Questions 4 - 8 were answered "yes", or "no." Elaborations of answers were solicited on all questions. Means and frequencies for all impact items are shown in Table 4.

Years of experience and years at the agency were correlated with each of the impact items. Only one item, could program be more effective, was related to years experience ($r=.39$, $p < .05$). However five questions were related to years with agency. They were usefulness ($r=-.48$, $p < .01$) changes job activities ($r=-.41$, $p < .05$), change in job status ($r=.48$, $p < .01$), and program of future use ($r=.58$, $p < .01$).

An analysis of variance was performed on all of the descriptions variables, i.e., training goal, discipline, job position, type of agency, and agency affiliation for items 1, 2, and 3. Chi square analyses were performed on items 4 - 8. Agency affiliation was significantly related to half of the items. Private agencies reported greater changes in job activities, greater impact upon home agency, and more attainment of personal goals.

Conclusion and Implications

Self-designed training for mental health professionals and para-professionals as a model of program development has been successful in terms of its acceptance, its ability to increase knowledge, and its relevance to a wide variety of agencies and community settings. This model of training can also have an impact upon job and agency functioning. It would seem that the successes just described are necessary antecedents in improving service delivery via training interventions. The CEP

is in the process of attempting to maximize our impact upon service delivery by employing the trainee-designed model within a given agency or service system. This might, as an example, entail providing training to all the trainers and supervisors within a given mental health system tailored specifically to problems endemic to a specific community or to a particular staff.

TABLE I

CONTINUING EDUCATION CURRICULUM FOR TRAINERS AND SUPERVISORS

First Session: Introduction to continuing education

1. Philosophy and goals
2. Administration of pre-course content evaluation;
3. Explanation of Continuing Education Units;
4. Basic issues in training and supervision;
5. Delineation of problem areas;
6. Assessment of the groups' educational needs;
7. Planning for the Open Session.

Second Session: Identification of Skills and Skill Development Approaches

1. Training in counseling techniques;
2. Assessment of personal and professional needs to perform job function;
3. Utilizing a humanistic approach to supervision within the organization.

Third Session: Curriculum Development and Competency Based Training

1. Exploration of a competency based training model;
2. Identification of necessary skills, curriculum development and training for relevant task performance.

Fourth Session: Mental Health Consultation

Approaches to program and case consultation in community mental health.

Fifth Session: Supervision of Psychotherapeutic Services

Examination of effective supervisory techniques for inhouse service programs.

Sixth Session: Supervision of Community Teams

Focuses on mental health teams engaged in direct service and those involved in training community self help groups.

Seventh Session: Practical Program evaluation

1. Assessment of community's needs for agency service programming;
2. Assessment of staff training needs for an agency's educational programming;
3. Evaluation techniques for mental health services and inhouse training programs.

Eighth Session: Open Session

1. Provides participants the opportunity to present topics not included in the course;
2. Provides participants the opportunity to select a consultant to present a topic of their choice;
3. Participants self-design this session on the first meeting date.

Ninth Session: Training and Supervision Summary

1. Review of course material;
2. Redefinition of the groups' educational needs;
3. A discussion of further issues in training and supervision.

Tenth Session: Wrap-up

1. Administration of the post course content evaluation;
2. Future directions in continuing education;
3. Distribution of the Certificate.

TABLE 2

MEANS AND STANDARD DEVIATIONS
FOR SESSION EVALUATION ITEMS

Items	N	$\bar{X}$	SD
1. Overall session evaluation	109	4.51	1.33
2. Organization of session	107	4.43	1.45
3. Content of session	110	4.63	1.37
4. Knowledge contribution	102	4.04	1.58
5. Skills contribution	98	4.09	1.57
6. Value of session	105	4.42	1.49
7. Recommend session to others	108	4.65	1.55
8. Applicability to agency	102	4.24	1.76
9. Session enjoyableness	105	4.66	1.43
10. Consultant, knew subject	107	5.09	1.25
11. Consultant, stimulating	103	4.64	1.51
12. Consultant, similar viewpoints	94	4.22	1.21
13. Consultant, relevance	103	4.87	1.40

Table 3

PRINCIPAL COMPONENTS FACTOR LOADINGS
FOR SESSION EVALUATION ITEMS

Items	Loadings
1. Overall session evaluation	0.903
2. Organization of session	0.856
3. Content of session	0.883
4. Knowledge contribution	0.822
5. Skills contribution	0.846
6. Value of session	0.925
7. Recommend session to others	0.915
8. Applicability to agency	0.767
9. Session enjoyableness	0.911
10. Consultant, knew subject	0.722
11. Consultant, stimulating	0.922
12 Consultant, similar viewpoints	0.678
13. Consultant, relevance	0.838

TABLE 4

Means, Standard Deviations, and Frequencies for Training Impact Interview Items.

ITEMS	N	$\bar{X}$	SD
1. Usefulness of training	24	3.88	1.45
2. Facilitate changes job activities	24	2.67	1.58
3. If so, did changes affect agency	14	3.19	1.80
	N	YES	NO
4. Changes in job status or position	23	5	18
5. Attainment of personal goals in organization	24	14	10
6. Achievement of organization goals	23	14	9
7. Could program be more effective	24	18	6
8. Could program be of further use	24	20	4